POSITION	INITIALS	ID NO.	DATE
	BS		89-04-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	9-12-01
FORMALITY REVIEW	Cy	1122	10-02-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	Q	.... Objected

Claim			Date						Claim		Date							Claim		Date						
Final	Original								Final	Original								Final	Original								
	1									51									101								
	2									52									102								
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	49									99									149								
	50									100									150								

If more than 150 claims or 10 actions
staple additional sheet here

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